IFT BEE\$

PTO/SB/21 (01-08)
Approved for use through 01/31/2008. OMB 6551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

**Application Number** 10/573,989-Conf. #9161 Filing Date March 30, 2006 First Named Inventor Heinz Von Der Kammer Art Unit 1633 **Examiner Name** K. T. Hiriyanna Attorney Docket Number 37998-237373

Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) to TC Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Petition x | Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a x After Final **Proprietary Information Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please X Other Line. 2. Identify below): Terminal Disclaimer x Extension of Time Request Request for Continued Examination Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VENABLE &LP Signature Printed name Matthew E. Kelley Date Reg. No. April 3, 2008 55,887

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Supersuant to the Consolidated Appropriation and 1995 and 1995 are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				antion Nive		0/573,989-Conf. #9161		
				<del></del>		March 30, 2006		
						leinz Von Der Kammer		
For FY 2008				1 11 00 1 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 10		K. T. Hiriyanna		
				46		633		
Applicant claims small entity status. See 37 CFR 1.27				Art Offic		37998-237373		
TOTAL AMOUNT OF PAYMENT (\$) 1,860.00			Atton	Attorney Docket No. 37998-23				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
X   Deposit Account   Deposit Account Number   22-0261   Deposit Account Name:   Venable LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING	G, SEARCH, AND E	(AMINATION FEES				•		
	FII		SEARCH		EXAMIN	ATION FEES		
Application Ty	rpe Fee (\$	Small Entity Fee (\$) Fe	<u>Sr</u> e (\$)	nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	310		10	255	210	105		
Design	210		00	50	130	65		
Plant	210	105 3	10	155	160	80		
Reissue	310	155 5	10	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reis Multiple dependent claims		uding Reissues)					210	105
1 ' '		E (A) E	D-id (6	••		Hinla Danamda	370	185
			ee Paid (	<u>)                                    </u>		Itiple Depende		
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
x								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)								
4. OTHER FEE( Non-English	Specification, \$130	) fee (no small entity (	discount				1 663	<u>. a.u. (ψ)</u>
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00								
1801 Request for Continued Examination 810.00								
SUBMITTED BY								
Signature	14/1/1	I Wille		ration No. ey/Agent)	55,887	Telephone	(202) 34	4-4000
Name (Print/Type)	Matthew E. Kelley	/		· * · · · · · · · · · · · · · · · · · ·		Date	April 3,	2008